OFFICE OF THE COMPTROLLER
CT WITH EVENT TYPE PR51
REQUEST FOR APPROVAL FORM

Departments are required to comply with CTR Policy entitled "Contracts – Openorder Encumbrance (Event Types PR51, PR54, and PR56)"

REQUIREMENTS:

♦ This form is required to be signed by an authorized signatory of the Department, and **must** be attached to all CT encumbrances requesting the Event Type PR51 ("Openorder") that **are not** tied to a Departmental MA.

♦ The use of a CT encumbrance with Event Type PR51 ("Openorder") is **not** considered a procurement method. Event Type PR51 is an encumbrance that allows payment to multiple contractors once an appropriate procurement has been completed. Evidence of appropriate procurement(s) must be retained in the Department's Procurement File. See the Commonwealth of Massachusetts Expenditure Classification Handbook for applicable regulations for each object code and the Commonwealth of Massachusetts Procurement Policies and Procedure Handbook for details of a Procurement File.

♦ CT encumbrances with Event Type PR51 that **are not** tied to a Departmental MA may only be set up for a single fiscal year.

♦ Only one object class per Event Type PR51 CT will be allowed. This does not limit the number of accounting lines that are necessitated by various appropriation accounts.

♦ The Department **must** sign a contract or the appropriate Agreement Type as outlined in the Commonwealth of Massachusetts Expenditure Classification Handbook with every Contractor before performance begins and before payment can be made.

♦ The expectation is that a CT Openorder encumbrance that is not tied to a Departmental MA, is short term while the department takes steps to set up a Departmental Master Agreement.

♦ Departments are required to complete all the items below to establish or modify a CT encumbrance requesting the Event Type PR51 ("Openorder").

DEPARTMENT:

Mailing Address:

Contact Person:

Telephone Number:

E-Mail:

Fax:

CHECK ONE:
☐ Initial Request   ☐ Modification:

DOCUMENT ID:

TRANS TYPE : **CT**	DEPT.	UNIT	20 DIGIT ID NO.

OBJECT CODE:

INITIAL ENCUMBRANCE DATES: *START:	**END DATE:**

* May not be earlier than earliest signed contract

INITIAL REQUEST AMOUNT: $

CHANGE REQUEST AMOUNT (Only complete for modifications. Please indicate increase or decrease	**TOTAL REVISED REQUEST AMOUNT** (Only complete for modifications. Initial Request Amount plus/minus Change Request Amount)
$	$

AMENDED DATES: START: END DATE:
(For modifications that do not affect the dates, repeat Initial Encumbrance Date or if termination date being revised, indicate initial encumbrance date and revised termination date.)

Estimated number of Contractors this fiscal year to be paid from this CT with Event Type PR51 ("Openorder"):

Estimated average payment this fiscal year per Contractor: $

Send Requests to: Office of the Comptroller, Procurement Unit, 1 Ashburton Place, 9th Floor, Boston, MA 02108

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DESCRIPTION AND JUSTIFICATION: Description of the type of services to be provided and justification for Event Type PR51 ("Openorder") CT encumbrance and an explanation of why a Departmental MA, Statewide Contract, or vendor specific encumbrance cannot be used: (Attach additional pages as needed)

TYPE OF CONTRACT BEING EXECUTED WITH EACH CONTRACTOR
(CHECK ONE ONLY)

☐ Standard Contract Form and Instructions****(Commonwealth Terms and Conditions or Commonwealth Terms and Conditions for Human and Social Services, whichever is applicable, must be on file with the Office of the Comptroller to make a contract complete.)**

☐ Other (A sample copy **must** be attached – May only use if above form does not apply)

DEPARTMENT HEAD SIGNATURE AUTHORIZATION

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws, regulations, policies and procedures.

_____
Signature of Department Authorized Signatory

_____
            Date

Name:

Title: